



# SCKSEC Assistive Technology Referral

Date of Referral\_\_\_\_\_

Student's Name\_\_\_\_\_ Date of Birth \_\_\_\_\_

Age\_\_\_\_\_ School\_\_\_\_\_

Grade\_\_\_\_\_

Student's Primary Language\_\_\_\_\_ Family's Primary Language\_\_\_\_\_

School Contact Person\_\_\_\_\_ Phone\_\_\_\_\_

Persons Initiating Referral\_\_\_\_\_

(This can be a parent, service provider, school admin, SCK admin, AT Team member suggested referral, etc.)

## Educational Category (Check all that apply.)

- Speech/Language
- Cognitive Disability
- Traumatic Brain Injury
- Emotional/Behavioral
- Orthopedic Impairment – Type\_\_\_\_\_
- Developmental Delay
- Other Health Impairment
- Autism
- Specific Learning Disability
- Hearing Impairment
- Vision Impairment

## Classroom Setting

- Regular Education Class
- Home
- Resource Room
- Other \_\_\_\_\_
- Self-contained

## Current Service Providers

- Occupational Therapy
- Other(s)\_\_\_\_\_
- Physical Therapy
- Speech Language

## Medical Considerations (Check all that apply.)

- History of seizures
- Has degenerative medical condition
- Has multiple health problems
- Has frequent ear infections
- Non-verbal
- Other – Describe briefly\_\_\_\_\_
- Fatigues easily
- Has frequent pain
- Has frequent upper respiratory infections
- Has digestive problems
- Wheelchair user

## Other Relevant Information\_\_\_\_\_

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## REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? What is it that we want this student to do that he/she is unable to do at a level that reflects his/her skills and abilities?

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## Have you tried any Assistive Technology?

Please describe any assistive technology previously tried and outcome (how did it work or why didn't it work). This can be low tech or high tech.

Assistive Tech

Outcome

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Please return completed form to the AT Coordinator, Deb Sparks. This can be done by email at [assistivetech@scksec.com](mailto:assistivetech@scksec.com), or you can send the paper form through the SCKSEC van mail to Deb at Haskins Learning Center.